

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43555

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>4234</u> | | Registrar's No. <u>5</u> | |
| 1. PLACE OF DEATH a. CITY <u>IRON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRON TON</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ZION</u> <u>0620</u> | | | |
| c. LENGTH OF STAY (In this place) <u>6 days</u> | | | | d. STREET ADDRESS (If rural, give location) <u>None</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks Hosp.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> | | b. (Middle) _____ | | c. (Last) <u>BERRY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 18, 1872</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Madison County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Madison County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Berry</u> | | 13b. MOTHER'S MAIDEN NAME <u>DARKUS GRIFFIN</u> | | 14. NAME OF HUSBAND OR WIFE <u>LINA BERRY</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O By BERRY, 1435 Bremen, St. Louis Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma of intestine (inoperable)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____ | | 21f. HOW DID INJURY OCCUR? <u>1</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>12-24</u> , 19 <u>50</u> , to <u>12-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>3:40 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. E. J. Harland, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>118 N. Main St. Iron, Mo.</u> | | 23c. DATE SIGNED <u>1-16-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-1-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan. 22, 1951</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Sajin, Dr. Fredericktown, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 27 1951

DISTRICT HEALTH OFFICE No.

File No.

REC 7 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredricktown Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.